


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N44091 1. Entity Name MAYFAIR OAKS HOMEOWNERS' ASSOCIATION, INC.	
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FILED

05 JUL 13 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2061 WEMBLEY PL OVIEDO, FL 32765 US	Mailing Address 2061 WEMBLEY PL OVIEDO, FL 32765 US
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2. Principal Place of Business 405 Harley Ct. Suite, Apt. #, etc.	3. Mailing Address 405 Harley Ct. Suite, Apt. #, etc.
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03162005 REIN-NP CR2E099 (6/04)

City & State Oviedo, FL	City & State Oviedo FL	4. FEI Number 59-3071123	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32765	Country USA	Zip 32765	Country USA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REIFF, ANDREW L. 135 WEST CENTRAL BLVD SUTE 270 730 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 5/31/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAGWELL, WILLIAM 2061 WEMBLEY PL OVIEDO, FL 32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Mark Whorton 413 Harley Ct Oviedo FL 32765
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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07/13/05--01047--001 **122.50

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Henry Cortes DATE 3/15/05 Daytime Phone # 4073665460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR